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PREVENTION OPPORTUNITIES UNDER THE BIG SKY

Oral Health School-Based Screening in Montana

The most common oral disease in children is dental caries (tooth decay).¹ Caries can be prevented through good oral hygiene, nutritious meals, and systematic use of fluoride and regular dental visits including application of dental sealants for children. In young children, poor oral health has been associated with learning and speech problems, diminished self-esteem and difficulty eating.² In the U.S., at least 20% of children aged 2-5 years had dental caries in primary (deciduous) teeth; among low income children an even higher percentage, 26%, had dental caries in primary teeth.³

Since 2004, approximately one of every five Montana third graders screened at schools participating in the Oral Health Screening program had untreated caries. More than half of the third grade children had dental caries experience and less than half had dental sealants.⁴ This issue of *Montana Public Health* describes the oral health school-based screening program in Montana and offers recommendations to schools that wish to participate.

Oral Health School-Based Screenings. Since 2000, the Oral Health Program (OHP) within the Montana Department of Public Health and Human Services (DPHHS) has collected oral health data on school-age children. The school screenings involve collaboration among school district superintendents, school principals, school health professionals, parents/guardians, dental professionals and local health departments. The oral health screenings identify students with pain who need early or urgent dental care, make students and parents/guardians aware of oral health status, and collect valuable oral health data.

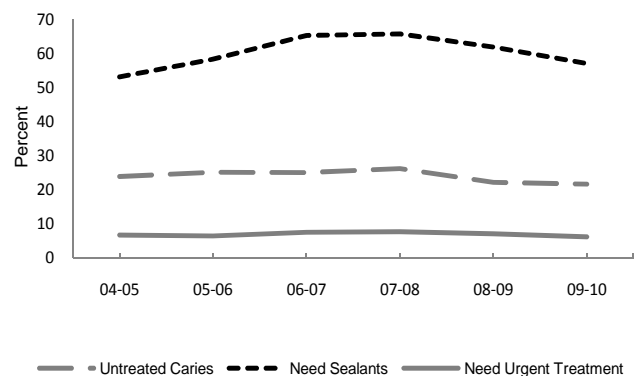
Data collection for this program is based on an *Oral Health Screening Form* adapted from the Basic Screening Survey (BSS) developed by the Association of State and Territorial Dental Directors Association (ASTDD).⁵ The BSS model is based on direct observation of a person's mouth although not a thorough clinical examination. The *Oral Health Screening Form* allows collection of data on child's race, gender, age, early childhood caries, untreated dental caries, dental treatment urgency, and the presence of sealant on at least one permanent molar tooth. Parental consent is obtained for all children before the screenings take place. The results on the child's oral health status are provided to parents/guardians.

Participation in Oral Health School-Screenings. Every year, participating schools offer voluntary oral health screenings and send the results to DPHHS. The number of participating schools decreased from 100 in 2005-2006 to 56 in 2006-2007 but then increased steadily to 92 in 2009-2010. The total number of

screened students more than doubled from 2,488 in 2006-2007 to 5,365 in 2009-2010.

The proportion of third grade students with untreated caries did not change significantly from 2004-2005 to 2009-2010. (Figure)

Figure. Oral health indicators for third grade children, Montana, 2004-2005 to 2009-2010



From 2004-2005 to 2009-2010, more than half of Montana third graders screened did not have sealants on their permanent molars. Each year during this time period, approximately 7% of third grade students were attending school while needing urgent dental treatment (dental visit should take place within 24 hours).

Activities of the Oral Health Program. The DPHHS Oral Health Program (OHP) uses the surveillance data it collects to determine steps to encourage improved

oral health for children. The OHP provides educational resources for the general public and special populations such as Head Start, school-age children, and children with special health care needs. The OHP also partners with Medicaid to provide assistance in locating Medicaid-enrolled dentists and services throughout the state. Childcare providers, school nurses, WIC staff, Head Start staff and public health professionals may take "Open Wide" training to promote oral health in community settings.

Key National Health Objectives for Oral Health.⁶

- Reduce dental caries experience in children;
- Reduce untreated dental decay in children and adults;
- Increase sealants in 8 year-olds' first molars and in 14 year-olds' first and second molars;
- Increase the proportion of children and adults who use the oral health care system each year;
- Increase the proportion of low-income children and adolescents who received any preventive dental service during the past year

Recommendations for Establishing a Screening Program

- Review school district policies and procedures regarding health screenings. Seek support from the district's administration; this is essential for a successful program.
- Prepare appropriate forms needed for the screening: updated forms are available on the DPHHS Oral Health Program website at <http://www.dphhs.mt.gov/PHSD/family-health/oral-health/family-oralHealth-index.shtml>
- Prepare the school faculty, staff and students for the screening process. This is also a good opportunity to discuss oral health in the classroom with the students.
- Obtain parental permission in a manner consistent with school standards for other health screenings.
- A health professional such as a school nurse, a community dentist or dental hygienist can conduct the oral health screenings.
- Contact the DPHHS Oral Health Program for technical assistance and make sure to submit screening results to the Oral Health Program when the screenings are completed.

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